

CIGNA Choice Fund® Health Savings Account DEPOSIT SLIP

HSA ACCOUNT NUMBER:

| | | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|
| 3 | 9 | 7 | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|

To locate your HSA account number, go to www.myCIGNA.com.

HSA MEMBER NAME:

LAST NAME FIRST NAME MI

Year in which contribution should be applied: 20 ____
If you do not choose a year, it will be applied to the current tax year.
Prior year contributions must be postmarked between January 1 and the applicable Federal tax return deadline (typically April 15).*

For additional deposit slips, go to www.myCIGNA.com or call HSA Customer Service at the phone number on your Cigna Member ID card.

*This does not include extensions.

INC11520 10/10

[PO Box 21305]

DOLLAR AMOUNT ENCLOSED:

| | | | | | | | |
|----|--|--|--|--|---|--|--|
| \$ | | | | | . | | |
|----|--|--|--|--|---|--|--|

Make check payable to "CIGNA Choice Fund HSA".

Mail your check and deposit slip to the mailing address provided at right. Do not send address changes or correspondence with your deposit.

Deposits may not be available for immediate withdrawal. All items for deposit are subject to verification and account agreements and disclosures.



CIGNA HEALTH SAVINGS ACCOUNT
PROCESSING CENTER
21305 NETWORK PLACE
CHICAGO, IL 60673-1213

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